Application or Docket Number												ber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000									091964916				
CLAIMS AS FILED - PART 1 1, 18,21, (Column 1) (Column 2)									πτγ □	OR	OTHER SMALL		
TOTAL CLAIMS			. 23					RATE	FEE		RATE	FEE	
FOR			NUMBÉR FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			23 minus 20=		٠ 3			X\$ 9=		OR	X\$18=	<b>&lt;4</b>	
INDEPENDENT CLAIMS			3 minus 3 =		, <b>\tilde{\phi}</b>			X40=		OR	X80=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	7074		OR OR	TOTAL	76B		
48/10LAIMS AS AMENDED - PART II 7/5/0							2			UN	OTHER	764	
(Column 1) (Column 2) (Column 3)							1	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total .	. 21	Minus	2	13	=		X\$ 9=		OR	X\$18=		
	Independent	. 5	Minus	***	3	=2		X40=		OR	X80=	400	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	TCLAIM		_	405			.270	100	
			·					+135==		OR	+270= YOTAL	1100	
		A			- 25			ADDIT. FEE		OR	ADDIT. FEE	400	
		(Column 1)			IMN 2) HEST	(Column 3)	1		4001			1001	
DMENT B		REMAINING AFTER AMENDMENT		PREV	ABER HOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ž	Total		Minus	••		-		X\$ 9=		OR	X\$18=		
AMENC	Independent		Minus		T () A () A	-	-	X40=		OR	X80=		
L	HHST PRESE	NTATION OF M	ULIIPLE DE	-ENDEN	CLAIM		Ĺ	+135=		OR	+270=		
								TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colu	ımn 2)	(Column 3	)	. South Feet		_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	ï	
	Independent	•	Minus	•••		- ·		X40=			X80=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J			OR			
	If the gots: Is set.	own 1 le loce than t	the entry in co	lumn 2 wri	ta 70° in ~	oluma 3		+135=		OR	+270=	lacksquare	
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE											L		
	The "Highest Nur	nber Previously Pa	aid For (Total	or Indepen	dent) is th	e highest numb	ber fo	und in the ap	propriate bo	x in oc	dumn 1.		

FORM PTO-475 (Rev. 8/00)